



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Carson Ross, Treasurer
Graves for Congress
110 South 10th Street
Tarkio, MO 64491

Identification Number: C00359034

DEC 12 2000

Reference: Amended October Quarterly Report (7/01/00-9/30/00), dated 10/18/00

Dear Mr. Ross:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

- Your report contains financial activity disclosed on a previous report. Overlapping coverage dates create difficulties in tracking the committee's cash flow. Please amend this report to include only the financial transactions that occurred between 7/20/00 and 9/30/00. (2 U.S.C. §434(b))
- Column B figures for the Summary and Detailed Summary Pages should equal the sum of the Column B figures on your previous report and the Column A figures on this report. Please file an amendment to your report to correct the Column B discrepancies and all subsequent report(s) which may be affected by this correction.
- The beginning cash balance of this report does not equal the ending balance of your 12 Day Pre-Primary Report. Please correct this discrepancy and amend all subsequent reports(s) which may be affected by the correction.
- Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

GRAVES FOR CONGRESS

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You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Your report discloses a contribution(s) which appears to be from a corporation (pertinent portion attached). A contribution from a corporation is prohibited by the Act, unless it is made from a separate segregated fund established by the corporation. (2 U.S.C. §441b(a) and 11 CFR §103.3(b))
If the contribution(s) in question was not completely or correctly reported, you should amend your original report with the corrected information. If the contribution is from a corporation, you should refund the full amount to

the donor and notify the Commission of such action. The refund must be made within thirty days of the treasurer becoming aware of the impermissibility of the contribution. (11 CFR §103.3(b)(2)) Copies of refund checks for the contribution(s) in question may be used to respond to this letter. The refund should be reported on a Schedule B supporting Line 20(a) of the report covering the period in which the refund is made. (11 CFR §104.8(d)(4))

Although the Commission may take further legal action, prompt action by you to refund the prohibited amount will be considered.

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (c) and (k))

The Commission notes your request for the redesignation and/or reattribution of some or all of these contributions. Please be reminded that all refunds, redesignations and reattributions must be made within sixty days of receipt of the contribution. To date, one or more of the attached excessive contributions have not been refunded, redesignated, or reattributed. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

-Schedule A of your report discloses contributions received after the

GRAVES FOR CONGRESS

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Primary Election which are designated for the primary. These contributions may be accepted to the extent that the committee has net debts outstanding from the primary. (11 CFR §110.1(b)(3)(i))

A contribution is considered to be made when the contributor relinquishes control over the contribution. A contributor shall be considered to have relinquished control over the contribution when it is delivered to the candidate, when it is delivered to an authorized committee of the candidate, or to an agent of an authorized committee of the candidate. A contribution that is mailed to any of the aforementioned recipients will be considered to have been made on the date of the postmark. Envelopes should be retained for the committee's records. (11 CFR §110.1(b)(6))

If the contribution(s) accepted exceeds the amount of net debts outstanding from the primary election, you should refund the contribution(s) or seek redesignation of the contribution(s), in writing, from the contributor to the next election. The Commission should be notified if a refund is necessary. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period during which the refund is made. Redesignations are reported as memo entries on a Schedule A of the report covering the period in which the authorization for the redesignation is received. (11 CFR §104.8(d)(2))

Although the Commission may take further legal action, prompt action by you to refund or seek redesignation of the excessive amount(s) will be considered.

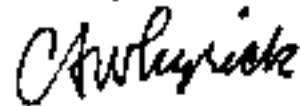
-Contributions from individuals and persons other than political committees must be itemized if the aggregate total from the contributor exceeds \$200 in a calendar year. This means that the committee does not have a reporting requirement of a contribution until the aggregate total exceeds the \$200 threshold. (2 U.S.C. §434(b)(3)) Should a committee wish to disclose contributions that do not require itemization, it must do so on a separate Schedule A and report the total amount of unitemized contributions on Line 11(a)(ii) of the Detailed Summary Page. (11 CFR §104.3(a)(4)(i))

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports

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Analysis Division). My local number is (202) 694-1130.

Sincerely,



Christopher A. Whyrick
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 43
FOR LINE NUMBER
11(a)(1)Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Congress

COOIS59034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Neely 1013 South Chestnut St. Cameron, MO 64429	Self-Employed	7/12/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terri Neely 1013 South Chestnut St. Cameron, MO 64429	Self-Employed	7/12/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milford Farms Inc. Box 743 Chillicothe, MO 64601		7/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Schwick 8936 Maydalgon St. Louis, MO 63124	Schnuck Markets, Inc.	7/12/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Business		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Crawford 3610 W Colony Sq. St Joseph, MO 64506	Hall Title	7/1/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Crawford (Same ad. above)	(Same as Above)	7/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Henegar P.O. Box 426 Gainesville, MO 65655	Gainesville Health Care	7/11/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator		
	Aggregate Year-to-Date > \$ 250.00		
SUBTOTAL of Receipts This Page (optional)			\$4,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Laura S. Carter 3302 E Devonshire St. Joseph, MO 64506</i>		<i>9/25/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Art Karr P.O. Box 207 Leavenworth, KS 66048</i>	<i>Karr Holding Company, Inc.</i>	<i>9/25/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	President		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Bryce Dusman 4727 South 29th St., Apt. C2 Arlington, VA 22206</i>	<i>Phil Crane</i>	<i>9/25/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	<i>Communications Dir.</i>		
	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Mrs. Shirley Jacek 902 Park Tarkio, MO 64491</i>	<i>Retired</i>	<i>9/25/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	<i>Retired</i>		
	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Lorraine Hart 923 North Benton St. Arlington, VA 22201</i>		<i>9/25/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Don H. Alexander 810 W. 52nd Street Kansas City, MO 64112</i>	<i>Self-Employed</i>	<i>9/25/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	<i>Attorney</i>		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Charles M. Gerst 610 East Cass St. Rock Port, MO 64482</i>	<i>Self</i>	<i>9/25/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	<i>Farmer</i>		
	Aggregate Year-to-Date > \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			<i>\$ 5,500.00</i>
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY HACKETT 902 PARK TARKIO, MO. 64491	RETIRED	06/14/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 1,000	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON BENSON 1 COUNTRY CLUB ROAD ST. JOSEPH, MO. 64506	SELF	06/18/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 1,000	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIE SHAW 1100 ELM ST. TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 1,000	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIE SHAW 1100 ELM STREET TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 2,000	Aggregate Year-to-Date > \$ 2,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF DAVIDSON 1018 WEST ST. MCARTENS BN. SUITE 200 ST. JOSEPH MO. 64506	LILES, DAVIDSON, ETAL	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY DCKER 11334 BOBCAT ROAD ELMO, MO. 64445	FARMER / SELF	06/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY MAIN 33951 LOTUS RD. BUCKLIN, MO. 64631	SELF	06/18/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
Aggregate Year-to-Date > \$ 1,000	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last p. of this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

*Contributions from Individuals*Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 OF 43
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11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Congress C00359134

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Riverwood Builders 1550 Locust Street Chillicothe, MO 64601		7/19/00	\$1,000.00 Refunded See Schedule B
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Graves 12518 Lakeland St. Joseph, MO 64506	Mark VII Transportation	7/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debrale Van Sickle 410 S. Elmmore Maryville, MO 64468	AC Erico	7/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Sales Manager		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Giardina 14 Country Life Acres St. Louis, MO 63131		7/11/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Cole 3210 Miller Rd. St. Joseph, MO 64505	Heritage Bank	7/25/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Banking		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Speck 630 E. 55th Street Kansas City, MO 64131	Self-Employed	7/25/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Engineer		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Voorhies 6500 NW Tower Dr., Suite 107 Platte Woods, MO 64151	Self-Employed	7/25/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional) *\$4,100.00*TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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Use separate schedule(s)
for each category of the
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11(a)(i)

NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code

Thomas Harrison
5722 South Brock Rdger
Columbia, MO 65201

Receipt For: Primary General
 Other (Specify):

Name of Employer

Van Matre & Harrison

Date (month,
day, year)
6/30/00

Amount of Each
Receipt this Period

\$1,000 Memo,
see 7/31 report
(\$1,000) Memo,
see next info.

B. Full Name, Mailing Address and ZIP Code

Thomas Harrison
(Same as Above)

Receipt For: Primary General
 Other (Specify):

Name of Employer

Van Matre & Harrison

Date (month,
day, year)
8/8/00

Amount of Each
Receipt this Period

\$1,000
Memo, new
contributor
information

C. Full Name, Mailing Address and ZIP Code

James Giardina
11 Country Life Acres
St. Louis, MO 63131

Receipt For: Primary General
 Other (Specify):

Name of Employer

Date (month,
day, year)
7/11/00

Amount of Each
Receipt this Period

\$2,000 Memo,
see Pre-Primary
report
(\$1,000) Memo,
see below

D. Full Name, Mailing Address and ZIP Code

Dorothy Giardina
(Same as Above)

Receipt For: Primary General
 Other (Specify):

Name of Employer

Date (month,
day, year)
8/10/00

Amount of Each
Receipt this Period

\$1,000.00
MEMO,
Retribution

E. Full Name, Mailing Address and ZIP Code

Barbara Henegar
P.O. Box 426
Gainesville, MO 65655

Receipt For: Primary General
 Other (Specify):

Name of Employer

Gainesville Health
Care

Date (month,
day, year)
7/11/00

Amount of Each
Receipt this Period

\$250 Memo,
see Pre-Primary
report
(\$250) Memo,
see next info

F. Full Name, Mailing Address and ZIP Code

Barbara Henegar
(Same as above)

Receipt For: Primary General
 Other (Specify):

Name of Employer

Gainesville Health
Care

Date (month,
day, year)
8/8/00

Amount of Each
Receipt this Period

\$250 Memo,
New...
contributor
information

G. Full Name, Mailing Address and ZIP Code

Mitchell Putnam
22375 E IV 443
Dawn, MO 644638

Receipt For: Primary General
 Other (Specify):

Name of Employer

Self-Employed

Date (month,
day, year)
6/30/00

Amount of Each
Receipt this Period

\$1,000 Memo,
see 7/31 report
(\$1,000) Memo,
see next info

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11(a)(1)

NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code <i>James Giardina 11 Country Life Acres St. Louis, MO 63131</i>	Name of Employer <i>Community Care Center</i>	Date (month, day, year) <i>9/30/00</i>	Amount of Each Receipt this Period <i>\$2,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>President</i>	Aggregate Year-to-Date > \$ 3,000.00	Assisting Reattrition
B. Full Name, Mailing Address and ZIP Code <i>Christine M. Giardina 11 Country Life Acres St. Louis, MO 63131</i>	Name of Employer	Date (month, day, year) <i>9/30/00</i>	Amount of Each Receipt this Period <i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code <i>Jennifer M. Giardina 11 Country Life Acres St. Louis, MO 63131</i>	Name of Employer	Date (month, day, year) <i>9/30/00</i>	Amount of Each Receipt this Period <i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code <i>Serries S. Haasmen 23 Summerhill Ct. St. Joseph, MO 64507</i>	Name of Employer <i>Musser Const.</i>	Date (month, day, year) <i>9/29/00</i>	Amount of Each Receipt this Period <i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Construction</i>	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code <i>Mitina Inc. 323 Armour Rd. North Kansas City, MO 64116</i>	Name of Employer	Date (month, day, year) <i>9/8/00</i>	Amount of Each Receipt this Period <i>\$200.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	Refunded See Schedule B
F. Full Name, Mailing Address and ZIP Code <i>Steve Murray 2016 N. 9th Street Kansas City, MO 64105</i>	Name of Employer <i>Public Services</i>	Date (month, day, year) <i>8/24/00</i>	Amount of Each Receipt this Period <i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Lobbyist</i>	Aggregate Year-to-Date > \$ 1,000.00	In-Kind Fundraising Expense
G. Full Name, Mailing Address and ZIP Code <i>Justin D. Untersee 10500 NW 76th Parkville, MO 64152</i>	Name of Employer <i>Tanner's</i>	Date (month, day, year) <i>9/15/00</i>	Amount of Each Receipt this Period <i>\$100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>General Manager</i>	Aggregate Year-to-Date > \$ 100.00	In-Kind Fundraising Expense
SUBTOTAL of Receipts This Page (optional) _____			\$ 6,300.00
TOTAL This Period (last page this line number only) _____			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category on the
Detailed Summary Page

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Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends for Congress 100359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Copeland 301 Hillcrest Drive Chevy Chase, MD 20811	Self	6/30/00	\$2,000 memo July 15 Quarterly Report (\$1,000) memo See Redesignation
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Builder</i>	7/11/00	
	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Copeland (Same as above)	(Same as above)	7/11/00	\$1,000 memo Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Dusman 472 South 29th St., Apt C2 Arlington, VA 22206	Philip Crane	7/19/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Communications Dir.</i>		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Bedell P.O. Box 1216 Sikeston, MO 63801	Health Facilities Management	7/12/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>CEO</i>		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Bedell 123 Greenbrier Sikeston, MO 63801	Health Facilities Management	7/12/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Vice Pres.</i>		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald York P.O. Box 827 Sikeston, MO 63801		7/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Giardina 11 County Life Acres St. Louis, MO 63131	Community Para Center	7/11/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>President</i>		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) *\$ 4,250.00*

TOTAL This Period (last page this line number only) *\$ 4,250.00*

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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Use separate schedule(s) for each category of the Detailed Summary Page

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11(a)(1)

NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code

Thomas Harrison
5122 South Brack Rodger
Columbia, MO 65201

Receipt For: Primary General
 Other (specify):

Name of Employer

Van Matre & Harrison

Date (month, day, year)

6/30/00

Amount of Each Receipt This Period

\$1,000 Memo,
see 7/31 report
(\$1,000) Memo,
see new info.

Occupation

Attorney

Date (month, day, year)

8/8/00

Aggregate Year-to-Date

> \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code

Thomas Harrison
(Same as Above)

Receipt For: Primary General
 Other (specify):

Name of Employer

Van Matre & Harrison

Date (month, day, year)

8/8/00

Amount of Each Receipt This Period

\$1,000
memo, new
contributor
information

Occupation

Attorney

Aggregate Year-to-Date

> \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

James Giardina
11 Country Life Acres
St. Louis, MO 63131

Receipt For: Primary General
 Other (specify):

Name of Employer

Date (month, day, year)

7/11/00

Amount of Each Receipt This Period

\$2,000 Memo,
see Pre-Primary
report
(\$2,000) Memo,
see below

Occupation

Aggregate Year-to-Date

> \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code

Dorothy Giardina
(Same as Above)

Receipt For: Primary General
 Other (specify):

Name of Employer

Date (month, day, year)

8/10/00

Amount of Each Receipt This Period

\$1,000.00
memo,
Retribution

Occupation

Aggregate Year-to-Date

> \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code

Barbara Henegar
PO Box 426
Gainesville, MO 65655

Receipt For: Primary General
 Other (specify):

Name of Employer

Gainesville Health Care

Date (month, day, year)

7/11/00

Amount of Each Receipt This Period

\$250 Memo,
see Pre-Primary
report
(\$250) Memo,
see new info

Occupation

Administrator

Aggregate Year-to-Date

> \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Barbara Henegar
(Same as Above)

Receipt For: Primary General
 Other (specify):

Name of Employer

Gainesville Health Care

Date (month, day, year)

8/8/00

Amount of Each Receipt This Period

\$250 Memo,
New.../
contributor
information

Occupation

Administrator

Aggregate Year-to-Date

> \$ 0

G. Full Name, Mailing Address and ZIP Code

Mitchell Partman
22335 LIV 443
Dawn, MO 64638

Receipt For: Primary General
 Other (specify):

Name of Employer

Self-Employed

Date (month, day, year)

6/30/00

Amount of Each Receipt This Period

\$1,000 Memo,
see 7/31 report
(\$1,000) Memo,
see new info

Occupation

Equipment Sales

Aggregate Year-to-Date

> \$ 1,000.00

SUBTOTAL of Receipts This Page (optional):

0

TOTAL This Period (last page this line number only):

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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10
FOR LINE NUMBER
11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY HACKETT 902 SPARK TARKIO, MO. 64491	RETIRED	06/14/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON BENSON 1 COUNTRY CLUB ROAD ST. JOSEPH, MO. 64506	SELF	06/18/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	PLUMBING SUPPLY		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARION SHADM 1100 ELM ST. TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARION SHADM 1100 ELM STREET TARKIO, MO. 64491	retired	06/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF DAVIDSON 1018 WEST ST. MCARTIENS PR. SUITE 200 ST. JOSEPH MO. 64506	LILES, DAVIDSON, ETAL	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	ATTORNEY		
	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY ECKER 11334 BOBCAT ROAD ELMO, MO. 64445	FARMER / SELF	06/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	FARMER		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY MAIN 33951 LOTUS RD. BUCKLIN, MO. 64631	SELF	06/18/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	FARMER		
	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Report/Last page this line number only) _____

20030202374
20030202374
20030202374
20030202374

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

Use separate schedule(s)
for each category of the
Detailed Summary Page

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11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to which contributions from such individual

NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code

*Ed Walsworth
26480 Hwy 11
Brookfield, MO 64628*

Receipt For: Primary General
 Other (specify):

B. Full Name, Mailing Address and ZIP Code

*Mrs. Mary Hackett
902 Park
Park Hills, MO 64491*

Receipt For: Primary General
 Other (specify):

C. Full Name, Mailing Address and ZIP Code

*Linda K. Creed
P.R. 1 Box 86
Fairfax, MO 64446*

Receipt For: Primary General
 Other (specify):

D. Full Name, Mailing Address and ZIP Code

*Brad Lager
P.O. Box 108
Maryville, MO 64468*

Receipt For: Primary General
 Other (specify):

E. Full Name, Mailing Address and ZIP Code

*Brad Lager
(Same as Above)*

Receipt For: Primary General
 Other (specify):

F. Full Name, Mailing Address and ZIP Code

*Terry Eicker
R.R. #1, Box 73
Elmo, MO 64445*

Receipt For: Primary General
 Other (specify):

G. Full Name, Mailing Address and ZIP Code

*Dick Thompson
R.R. #1 Box 247
Maryville, MO 64468*

Receipt For: Primary General
 Other (specify):

Name of Employer

*Walsworth
Publishing*

Occupation

Vice President

Aggregate Year-to-Date > \$ 1,000.00

Date (month,
day, year)

7/31/00

Amount of Each
Receipt this Period

\$ 1,000.00

Name of Employer

Retired

Occupation

Retired

Aggregate Year-to-Date > \$ 1,500.00

Date (month,
day, year)

7/28/00

Amount of Each
Receipt this Period

\$ 500.00

Name of Employer

Self-Employed

Occupation

Farmer

Aggregate Year-to-Date > \$ 350.00

Date (month,
day, year)

7/28/00

Amount of Each
Receipt this Period

\$ 350.00

Name of Employer

*Northwest Missouri
Cellular*

Occupation

Sales

Aggregate Year-to-Date > \$ 2,000.00

Date (month,
day, year)

7/29/00

Amount of Each
Receipt this Period

\$ 1,000.00

Name of Employer

(Same as Above)

Occupation

Aggregate Year-to-Date > \$ 2,000.00

Date (month,
day, year)

7/29/00

Amount of Each
Receipt this Period

\$ 1,000.00

Name of Employer

Self-Employed

Occupation

Farmer

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

7/31/00

Amount of Each
Receipt this Period

\$ 500.00

Name of Employer

*Nodaway Valley
Bank*

Occupation

President

Aggregate Year-to-Date > \$ 400.00

Date (month,
day, year)

7/31/00

Amount of Each
Receipt this Period

\$ 400.00

SUBTOTAL of Receipts This Page (optional) _____

\$ 4,750.00

TOTAL This Period (See page 6 for line number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

*Contributions from Individuals*Use separate schedule(s)
for each category of the
Detailed Statement PagePAGE 7 OF
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11(a)(1)

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code

*Barbara S. Crawford
3610 W. Colony Sq.
St. Joseph, MO 64506*Receipt For: Primary General
 Other (specify):

Name of Employer

*Homemaker*Date (month,
day, year)*7/29/00 \$1,000.00*Amount of Each
Receipt this Period

B. Full Name, Mailing Address and ZIP Code

*Barbara S. Crawford
(Same as Above)*Receipt For: Primary General
 Other (specify):

Name of Employer

*(Same as Above)*Date (month,
day, year)*7/29/00 \$1,000.00*Amount of Each
Receipt this Period

C. Full Name, Mailing Address and ZIP Code

*Kevin A. McGlade
4401 Hillcrest
St. Joseph, MO 64506*Receipt For: Primary General
 Other (specify):

Name of Employer

Date (month,
day, year)*7/29/00 \$1,000.00*Amount of Each
Receipt this Period

D. Full Name, Mailing Address and ZIP Code

*Sally Bridges
12157 Denovan Dr.
St. Joseph, MO 64505*Receipt For: Primary General
 Other (specify):

Name of Employer

*Prof. Radiology of
St. Joseph*Date (month,
day, year)*7/31/00 \$300.00*Amount of Each
Receipt this Period

E. Full Name, Mailing Address and ZIP Code

*Jay Flatron
8520 NN Beaman
Kansas City, MO 64154*Receipt For: Primary General
 Other (specify):

Name of Employer

*Lathrop & Gage*Date (month,
day, year)*7/31/00 \$500.00*Amount of Each
Receipt this Period

F. Full Name, Mailing Address and ZIP Code

*Terry Ecker
R.R. 2 Box 73
Elmo, MO 64445*Receipt For: Primary General
 Other (specify):

Name of Employer

*Self-Employed*Date (month,
day, year)*7/31/00 \$500.00*Amount of Each
Receipt this Period

G. Full Name, Mailing Address and ZIP Code

*Suzanne S. Flatron
435 Mission Rd. North
St. Louis, MO 63141*Receipt For: Primary General
 Other (specify):

Name of Employer

*Homemaker*Date (month,
day, year)*7/31/00 \$1,000.00*Amount of Each
Receipt this Period

SUBTOTAL of Receipts This Page (optional) _____

\$5,300.00

TOTAL This Period (last page this line number only) _____

FBI ST. LOUIS

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from IndividualsUse separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
11(a)(C)

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NAME OF COMMITTEE (In Full)

Greens for Congress C00359034

A. Full Name, Mailing Address and ZIP Code

Dave Schinnerer
42 Court Drive
St. Joseph, MO 64506

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

7/1/00

Amount of Each
Receipt this Period

\$500.00

B. Full Name, Mailing Address and ZIP Code

David Humphreys
2703 East 15th Street
Yapton, MO 64804

Receipt For: Primary General
 Other (specify):

Name of Employer

Date (month,
day, year)

7/7/00

Amount of Each
Receipt this Period

\$1,000.00

C. Full Name, Mailing Address and ZIP Code

Darley Snelson
421 New Branch Parkway
Kensington City, MO 64116

Receipt For: Primary General
 Other (specify):

Name of Employer

Ferrell Gas

Date (month,
day, year)

7/7/00

Amount of Each
Receipt this Period

\$1,000.00

D. Full Name, Mailing Address and ZIP Code

Dele Schinnerer
3401 North 37th Street
St. Joseph, MO 64506

Receipt For: Primary General
 Other (specify):

Name of Employer

Herzog Contracting

Date (month,
day, year)

7/10/00

Amount of Each
Receipt this Period

\$250.00

E. Full Name, Mailing Address and ZIP Code

Robert Hickok
1695 Trotter Way
Florissant, MO 63033

Receipt For: Primary General
 Other (specify):

Name of Employer

Retired

Date (month,
day, year)

7/10/00

Amount of Each
Receipt this Period

\$1,000.00

F. Full Name, Mailing Address and ZIP Code

Dh. Hipp Orscheln
1128 1/2 Washington Ct
Kansas City, MO 64145

Receipt For: Primary General
 Other (specify):

Name of Employer

Date (month,
day, year)

7/11/00

Amount of Each
Receipt this Period

\$500.00

G. Full Name, Mailing Address and ZIP Code

Paul Steele
Rt 2 Box 202A
Chi. Nicotte, MO 64601

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

7/11/00

Amount of Each
Receipt this Period

\$250.00

SUBTOTAL of Receipts This Payee (optional) _____

\$4,500.00

TOTAL This Period (last page of this number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 20
FOR LINE NUMBER
11(a) (ii)Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GRAVES FOR CONGRESS

C00359054

A. Full Name, Mailing Address and ZIP Code

ANN DICKINSON
ROUTE 4
CHILlicothe, MO 64601

Receipt For: Primary General
 Other (specify):

Name of Employer

SELF

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

\$1,000

B. Full Name, Mailing Address and ZIP Code

BILL SMITH
802 NORTH 6TH STREET
TARKIO, MO. 64491

Receipt For: Primary General
 Other (specify):

Name of Employer

BILL SMITH TRUCKING

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation
TRANSPORTATION

Aggregate Year-to-Date > \$ 500.00

\$500.00

C. Full Name, Mailing Address and ZIP Code

JOHN WILSON
5721 WOODHAVEN LN
PARKVILLE, MO. 64152

Receipt For: Primary General
 Other (specify):

Name of Employer

PAR ELECTRIC

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation
PRESIDENT

Aggregate Year-to-Date > \$ 1,000.00

\$1,000

D. Full Name, Mailing Address and ZIP Code

JOHN WILSON
SAME AS ABOVE

Receipt For: Primary General
 Other (specify):

Name of Employer

SAME AS ABOVE

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation

same as above

Aggregate Year-to-Date > \$ 2,000.00

\$1,000

E. Full Name, Mailing Address and ZIP Code

DAVE SHINNEMAN
42 COURT DRIVE
ST. JOSEPH, MO. 64506

Receipt For: Primary General
 Other (specify):

Name of Employer

SELF

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation
Management

Aggregate Year-to-Date > \$ 500.00

\$500.00

F. Full Name, Mailing Address and ZIP Code

BROCK PFEST
26239 HALLMARL RD.
MARYVILLE, MO 64468

Receipt For: Primary General
 Other (specify):

Name of Employer

SELF

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation
ENGINEER

Aggregate Year-to-Date > \$ 1,000.00

\$1,000

G. Full Name, Mailing Address and ZIP Code

ED WADE MILLER
4207 SOUTH 4th ST
ST. JOSEPH, MO.

Receipt For: Primary General
 Other (specify):

Name of Employer

SELF

Date (month,
day, year)

06/20/00

Amount of Each
Receipt this Period

Occupation
CONTRACTOR

Aggregate Year-to-Date > \$ 1,000.00

\$1,000

SUBTOTAL of Receipts This Page (optional):

TOTAL This Period (last page this line number only):

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
11(a) (1)Contributions from Individuals

Any information supplied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Progress C00359034

A. Full Name, Mailing Address and ZIP Code David Shinneman 42 Court Drive St. Joseph, MO 64506	Name of Employer Self	Date (month, day, year) 7/1/00	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Management Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code David Humphreys 2703 East 75th Street Ypsilanti, MI 48197	Name of Employer Self-Employed	Date (month, day, year) 7/7/00	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Small Business Owner Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Darley Sildon 421 NW Briarcliff Dr., Suite 100 Kearney, NE 68847	Name of Employer Ferrell Gas	Date (month, day, year) 7/7/00	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code David Schmidinger 3404 Volmer 37th Street St. Louis, MO 64506	Name of Employer Herzog Contracting	Date (month, day, year) 7/13/00	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pilot Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Robert Hickok 1645 Trotter Way Florissant, MO 63033	Name of Employer Retired	Date (month, day, year) 7/10/00	Amount of Each Receipt this Period \$ 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Dwight Orsman 12213 Washington St Kansas City, MO 64145	Name of Employer Silden + Evans Law Group	Date (month, day, year) 7/11/00	Amount of Each Receipt this Period \$ 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code Paul Steele Rt 2 Box 202A Chillicothe, MO 64601	Name of Employer Self	Date (month, day, year) 7/11/00	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$4,500.00TOTAL This Period (last page this line number only)

